CORRECTION AFFIDAVIT FOR

FORM COR-C/OH

CANDIDATE/OFFICEHOLDER				
1 ACCOUNT# 2 Total pages filed:	<u>-</u>			
CANDIDATE / OFFICE L OFFICEHOLDER NAME NICIDAME AST SUFFIX	USE ONLY			
Bth day before election Final report				
PERIOD COVERED Through Through	Totals			
EXPLANATION OF CORRECTION See a seched.				
AFFIDAVIT Kathy L. Kimich Notary Public State of Texas Expires 7-19-2008 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Signature of Candidate or Officeholder				
Sworn to and subscribed before me by Bill White this the 22 day of this this the 22 day of this this the 22 day of this this this this this this this this				
to certify which, witness my hand and seal of office. Add Amus Hand And Seal of office. Notary Public Signature profice administering oath Printed name of officer administering oath Title of officer administering oath				
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections				

EXPLANATION OF CORRECTIONS TO 30TH DAY BEFORE ELECTION REPORT:

We are amending Schedule A, which originally reported a contribution in the amount of \$6,200 from Paul Murphy on September 24, 2003. This contribution was actually made by SWBT PAC. The incorrect identification of the contributor in the original report was the result of a computer database error.

We are supplementing Schedule G to state the names and addresses of the parties to whom Mr. White made a total of \$2,808.33 in expenditures from personal funds, all of which expenditures were previously reported as in-kind contributions by Mr. White. We are additionally supplementing Schedule G to report two expenditures from personal funds (one for \$37.65 and another for \$31.70) that were inadvertently omitted from the original report.

Based on the foregoing, "Total Contributions" reflected on the report decreased to \$2,341,020.26, and "Total Expenditures" increased to \$3,397,041.39.

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	5		SCHEDULE A
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:		
FLER NAM	Hiam H. White		3 ACCOUNT # (Ethi	es Commission filers)
Date	Full name of contributor SWB T Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
24 200	- lous ten lexas	7027	6,200.00	
Principal occ	upation / Jdp title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1	
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1	
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; Clty; State; Zip Code			
Principal occu	upation / Job title (See Instructions)	Employer (See In:	structions)	
<u> </u>	······································	OF THIS FORM A		 ·

	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G	
The Instructi	ON Guide explains how to complete this form.	1 Total pages Sched	huie G:	
	2 FILER NAME 3 ACCOUNT # (Elle		ks Commission filers)	
4 Date	6 Payer name		8 Amount (\$)	
7 7 2003	6 Payer address: City, State: Zin Code +0 Washing ton Street We es ey tills, WA 0246 7 Purpose of expenditure (See instructions requirely to the optimization require		199.00	
	Propose of expenditure (She instructions required type of information required to the Contribution Securify	uired.)	Sembursement from political contributions intended	
Date	Payee address; Sign Managed DNS Payee address; Sign; State; Zip dode	<i>)</i>	\$0000.08 (\$)	
7 3 2003	Dulles, VA Japaton Circle-Lak	eside III	49.00	
	Purpose of expenditure (See instructions regarding type of information requ	rired.)	Reimbursement from political contributions Intended	
Date	Payee name		Amount (\$)	
7/25/200	Payos address; Cky; State: 7th Code 22 N. Chenevert Street + ous ton, Taxas 77002 Purpose of expenditure (See instructions regarding type of information requ	iired.)	176.50	
	Food and drinks at luncheor	.	from political contributions intended	
Dete	Payee name H 3-4 Payee address; City; State; Zip Code		Amount (\$)	
7/14/2003	Houston, Taxas 77002		112.48	
, , , , , , , , , , , , , , , , , , ,	100 Black Women Dequization		Reimbursement from political contributions intended	
Date	Physique (attering		Amount (\$)	
7/11/2003	6729 Stella Link Houston, Texas 77005		1944.94	
' 	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributione intended	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	SCHEDULE G			
The Instruction Guipe explains how to complete this form.	1 Total pages Schedule G:			
2 FILER NAME I'am H. White	3 ACCOUNT # (Etinics Commission Bers)			
4 Date 5 Fayee name 5 Payee active sept City. State: Zip Code	8 Amount (\$)			
8 16 2003 Mountain View, Colifornia of Typese of experiations (See instructions regarding type of information require	37.65			
troge ad words ad on intern	Floring Florin			
Date Parjee make Coura S Payee address; City: Slate: Zipl Code	Accessive			
alitana Mountain View, California	14043 31.70			
Purpose of expenditure (See instructions regarding type of information required to the second	tom political			
Date Payee name Payee name City: Signe: Zip Code	Amount (\$)			
7/11/2003 Houston, Texas 77002	232.41			
Purplese of expenditure See instructions regarding type of information requires and drinks at least the con	Reimbursement from political contributions intended			
Page address; City; State; Zip Code A	Amount (5)			
84 2003 Pallas, Taxas 75235	94.00			
Southwest Airlies tiles	ed.) Reimbursement from political contributions improbed			
Date Payee name	Amount (\$)			
Payee addrees; City; State; Zip Code				
Purpose of expenditure (See instructions regarding type of information require	Reimbursement from political contributions intended			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				